

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 375)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50										
<b>TOTAL IND.</b>	<b>1</b>									
<b>TOTAL DEP.</b>	<b>4</b>									
<b>TOTAL CLAIMS</b>	<b>5</b>									